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Under the Information Referral Act of 1996, no charges are assessed for recording in a database of information. Please e-mail us at info@uspto.gov if you have a comment.															
<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="font-size: x-small;">(to be used for all correspondence after initial filing)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>12/548,808</td> </tr> <tr> <td>Filing Date</td> <td>September 01, 2008</td> </tr> <tr> <td>First Named Inventor</td> <td>Rad Hirsch</td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Total Number of Pages in This Submission</td> <td>8</td> </tr> <tr> <td>Attorney/Agent Number</td> <td>08/008 Vireum</td> </tr> </table>	Application Number	12/548,808	Filing Date	September 01, 2008	First Named Inventor	Rad Hirsch	Group Art Unit		Examiner Name		Total Number of Pages in This Submission	8	Attorney/Agent Number	08/008 Vireum
Application Number	12/548,808														
Filing Date	September 01, 2008														
First Named Inventor	Rad Hirsch														
Group Art Unit															
Examiner Name															
Total Number of Pages in This Submission	8														
Attorney/Agent Number	08/008 Vireum														
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<input type="checkbox"/> File Transmittal Form <input type="checkbox"/> Fee Attached Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> After Examination Extension of Time Request <input type="checkbox"/> Express Examination Request <input type="checkbox"/> Information Disclosure Statement Response to Office Action Response to Interview Response to Missing Parts Under 37 CFR 1.131, 1.132, 1.133	<input type="checkbox"/> Denial(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revision <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund IDS, Declaration of Oath Remarks	<input type="checkbox"/> After Appointment Communication to Class <input type="checkbox"/> Appeal Communication to Board of Appeals and Interference <input type="checkbox"/> Appeal Communication to Group <input type="checkbox"/> Supplemental Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Document(s) (please identify separately) Request for Withdrawal as Attorney or Agent and Release of Associated Name													
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT															
Print or Individual Name	Property LTR, 425-C South Sharon Ards Road Charlotte, NC 28211-2961														
Signature															
Date	August 24, 2008														
CERTIFICATE OF TRANSMISSION/MAILING															
I hereby certify that this correspondence is being filed as represented to the USPTO or deposited with the United States Patent & Trademark Office as directed in the enclosed address to the Commissioner for Patents, P.O. Box 1462, Alexandria, VA 22304-1462 on the date shown below.															
Typed or printed name	Claire Wyzanski														
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/549,606	
	Filing Date	September 20, 2005	
	First Named Inventor	Ralf Hilfrich	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	03/026 Virofem

ENCLOSURES (check all that apply)		
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	ProPat, L.L.C. 425-C South Sharon Amity Road Charlotte, NC 28211-2841		
Signature	<i>Cathy Moore</i>		
Date	August 24, 2006		

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Typed or printed name	Claire Wygand		
Signature	<i>Claire Wygand</i>	Date	8/24/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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P.1

Aug 24 2006

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/549,806
		Filing Date	September 20, 2005
		First Named Inventor	Ralf Hilfrich
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number	03/026 Viroform

ENCLOSURES (check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	ProPat, L.L.C. 426-C South Sharon Amity Road Charlotte, NC 28211-2841
Signature	<i>Cathy Moore</i>
Date	August 24, 2006

CERTIFICATE OF TRANSMISSION/MAILING	
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425-C South Sharon Amity Road
Charlotte, NC 28211-2841
Phone: (704) 365-4881
Fax: (704) 365-4851

ProPat, L.L.C.

Fax

To:	USPTO Attention: Mamie P. Person	From:	Claire Wygand for Cathy Moore Phone: (704) 365-4881 Fax: (704) 365-4851
Fax:	(571) 270-9985	Pages:	5 pages total Facsimile cover sheet (1 pg) Transmittal form sent 8/24/06 (1 pg) Request for Withdrawal sent 8/24/06 (1 pg) Auto-Reply Facsimile Transmission (1 pg) Transmittal Confirmation Report (1 pg)
Phone:		Date:	October 20, 2006
Re:	Application No. 10/549,606 Filed September 20, 2005 Our Ref.: 03/026 Virofem	CC:	

Dear Ms. Person,

Per our telephone conversation this morning, attached are the documents as indicated above. As we discussed, the submission of documents sent August 24, 2006 have not been entered on the PAIR System as of yet. Please process the documents so that the submission appears on the PAIR System. Thank you your assistance with this matter.

Respectfully submitted,

Claire Wygand

Claire Wygand

PTO/SB/83 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/549,606
Filing Date	09/20/2005
First Named Inventor	Ralf Hilfrich
Art Unit	
Examiner Name	
Attorney Docket Number	03/026 Virofem

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number **38263**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Client has not paid invoice (for filing patent application) after repeated requests.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

- ☒ The address associated with Customer Number: **38263**

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ProPat, LLC		
Address	425-C South Sharon Amity Road		
City	Charlotte	State	North Carolina
Country	USA		
Telephone	704-365-4881	Email	moore@propatllc.com
Signature	<i>Cathy R. Moore</i>		
Name	Cathy R. Moore	Registration No.	45,764
Date	08/24/2006	Telephone No.	704-365-4881

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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